

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for Form P10-875

Application or Docket Number

10/533598

(Column 1)	(Column 2)
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LARGE ENTITY		SMALL ENTITY	
FOR	NUMBER FILED	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a)) (i) or (ii))			
SEARCH FEE (37 CFR 1.16(a)) (i) or (ii))			
EXAMINATION FEE (37 CFR 1.16(a)) (i) or (ii))			
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 :		
INDEPENDENT CLAIMS (37 CFR 1.16(i))	minus 3 :		
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(h))			
TOTAL			

* If the difference in column 1 is less than zero, enter 0 in column 2.

[illegible]

AMENDMENT A	LARGE ENTITY				SMALL ENTITY		SMALL ENTITY	
	CLAIMS PENDING AFTER AMENDMENT		FIRST FILING NUMBER PREVIOUSLY PAID FOR	FEE SCHEDULE	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
TOTAL	<u>6/12/06</u>							
PROPOSED	<u>4</u>		<u>20</u>		<u>25</u>		<u>50</u>	
REDUCED	<u>2</u>		<u>3</u>		<u>100</u>		<u>200</u>	
REGISTRATION SERVICE FEE (if applicable)								
TOTAL FEE								

[illegible]

The undersigned hereby certifies that the foregoing information is true and correct to the best of his knowledge and belief, and that he is duly qualified to make such statement.

SUBSCRIBER'S SIGNATURE _____

NAME OF SUBSCRIBER _____

ADDRESS OF SUBSCRIBER _____

CITY _____ STATE _____ ZIP CODE _____

DATE _____

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450